



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                      |                        |
|----------------------|------------------------|
| Application No.      | 10/039,738             |
| Filing Date          | January 4, 2002        |
| First Named Inventor | Paul MAGLICCO          |
| Examiner Name        | LE, Dieu Minh          |
| Group Art Unit       | 2114                   |
| Attorney Docket No.  | A-70697/ENB (469052-1) |

Total Number of Pages in This Submission

12

## ENCLOSURES (check all that apply)

|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input checked="" type="checkbox"/> Amendment / Reply                        | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below):                       |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |  |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, No. of CD(s) _____   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   | Remarks   |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |                       |
|-------------------------|---|-----------------------|
| Firm or Individual name | Jamie J. Zheng<br>DORSEY & WHITNEY LLP<br>4 Embarcadero Center, Suite 3400<br>San Francisco, CA 94111<br>Telephone : (650) 494-8700 | Customer Number 32940 |
| Signature               |   |                       |
| Date                    | May 24, 2005  |                       |

## CERTIFICATE OF MAILING

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| Typed or printed name | Laura Lee Mosier |
| Signature             |                  |
| Date                  | May 24, 2005     |

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